# F9000067

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 612726 4722044

AUTHORIZATION : \*\*

COST LIMIT : \$ 70.00 \*\*

ORDER DATE : February 4, 2019

ORDER TIME : 2:01 PM

ORDER NO. : 612726-005

CUSTOMER NO: 4722044

### FOREIGN FILINGS

NAME: ADOC SOLUTIONS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:



# RESUBMIT

Please give original submission date as file date.

### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2019

**CSC** 

SUBJECT: ADOC SOLUTIONS, INC.

Ref. Number: W19000011366

We have received your document for ADOC SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90<sup>-1</sup> days prior to the delivery of the application to the Department of State, duly<sup>-1</sup> authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 119A00002490

19 FEB -6 4月原山

## **COVER LETTER**

TO:	Registration Sect Division of Corpo					
SHRI	•	LUTIONS, INC.				
SUBJ	EC1:	Name of	corporation	- must include suffix	<del></del>	
Dear S	Sir or Madam:					
"Certi:		" or "Certificate of	Good Stand	ding" and check are sul	nct Business in Florida," bmitted to register the	
	return all correspo RITSCH	ndence concerning	this matter	to the following:		
			Name of F	Person	71.	
Prame:	x International				; ;	1
1251 /	Avenue of the Americ	as	Firm/Comp	oany	3 - 4	
			Addre	SS	<del></del>	ーゥ
New Y	ork, NY 10020				<i>င်</i> ႕ လို	
xavier.	.ritsch@pramex.com	(	City/State an	d Zip code	******	
<del></del>	<del></del>	E-mail address: (	to be used fo	or future annual report	notification)	—
For fu	rther information co	oncerning this mat	ter, please ca	all:		
Xavier RITSCH		212	583-4924			
	Name of Person	at	Area Code	Daytime Teler	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a check for th	e following amour	nt:			
□ \$70	0.00 Filing Fee	☐ \$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee Certificate of Sta Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

•	orporation; must include "INCORPORATED, forp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
	able in Florida, enter alternate corporate name	adopted for the purpose of transacting by	siness in Florida)	
DELAWARE	3	83-3150103		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		able)		
January 14, 201	9 5.	Perpetual		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
Upon Filing			281	
	(SEE SECTIONS 607.1501 & 607.1 ONS, INC. c/o Pramex International 1251 Ave	n Florida, if prior to registration) 502, F.S., to determine penalty liability) mue of the Americas, 3rd floor, NY, NY	FE3	
	(Princi ONS, INC. c/o Pramex International 1251 Ave	pal office address) enue of the Americas, 3rd floor, NY, NY		
	(Current maili	ng address, if different)	3 <u>9</u>	
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P. Corporation Service Company	O. Box NOT acceptable)		
	1201 Hays Street			
Office Address:				
Office Address:	Tallahassee	32301 , Florida		

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By:

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRE	CCTORS					
Chairman:	Jean-Sébastien Wagner					
Addrage	Jean-Sébastien Wagner c/o Pramex International 1251 Avenue of the Americas, 3rd floor, NY, NY 10020					
Address.		<u> </u>				
Vice Chai	rman;	<del></del>	<del></del>			
Address:						
Director:	Jean-Sébastien Wagner					
	Jean-Sébastien Wagner c/o Pramex International 1251 Avenue of the Americas, 3rd floor, NY, NY, 10020					
Addiess.						
1Ninaman			61.73	1		
		:-	<del>- 23 -</del>			
Address:		<u>;;</u>	<del></del>			
			<del></del>			
B. OFF	CERS	7.	ζŋ.	7.7		
President:	Jean-Sébastien Wagner		ÇM.			
	Jean-Sébastien Wagner c/o Pramex International 1251 Avenue of the Americas. 3rd floor	NY, NY 100	20			
Address:						
Vice Presi	dent:			<del></del>		
Address.						
Secretary:	Nicolas Ferry					
_	Nicolas Ferry c/o Pramex International 1251 Avenue of the Americas, 3rd floor, NY, NY	10020		·		
Address:						
	, <del></del>					
Address:						
	If necessary, you may attach an addendum to the application listing additional office	cers and/or o	firectors.			
12	Signature of Director or Officer					
are true a	er or director signing this document (and who is listed in number 11 above) affirm nd that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	s that the fac partment of	cts stated I State con	nerein stitutes		
13	NICOLAS FRANK CORPORATE SEC	ART AC	<b>/</b>	<del></del>		
	(Typed or printed name and capacity of person signing application)	. '/				

(Typed or printed name and capacity of person signing application)

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADOC SOLUTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADOC SOLUTIONS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

्र (स

Authentication: 202206683

Date: 02-05-19

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